								ped #
. 4	•							1-4
								bull \$
				Approve	ed for use through 0	1/31/2007. Of	/SB/17 (07-06) MB 0651-0032	py i
and the second Base	turnian Act of 1005	no nomen are required to	U.S. Paten	t and Tradema	rk Office: U.S. DEPA	ARTMENT OF	COMMERCE	ř
1	respond to a collection of information unless it displays a valid OMB control number. Complete if Known							
Effect Fees pursuant to the Consolid	Application Nur	nber 0	9/501,169-Cor	501,169-Conf. #no.3485				
FEE TRANSMITTAL			1 ming Date		February 9, 2000			
For FY 2007			T HOL HUMBO III CINO.		William T. Carden, Jr.			
					N. Hillery			
X Applicant claims small entity status. See 37 CFR 1.27			Atom		2176			
TOTAL AMOUNT OF PA	AYMENT (\$) 455.00	Attorney Docke	No.	35672-164254			
METHOD OF PAYME	NT (check all th	at apply)						
Check Credit	Card M	oney Order No	ne Other	(please identi	ify):			
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP								
				ed to: (chec	k all that apply)			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of								
fee(s) unde	er 37 CFR 1.16 a	and 1.17						
FEE CALCULATION								
1. BASIC FILING, SEAR		IINATION FEES 3 FEES SE	ARCH FEES	EXAMIN	IATION FEES			
		Small Entity	Small Entity		Small Entity	Eage D	aid (\$)	
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$) 200	<u>Fee (\$)</u> 100	rees r	aiu (a)	
Utility	300	150 500 100 100		130	65			
Design	200	100 100 100 300		160	80			
Plant	200			600	300			
Reissue	300			000	0			
Provisional	200	100) 0	U	U		Small Entity	
2. EXCESS CLAIM FEE	5					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25	n
Each independent claim						200	100	
Multiple dependent clair						360	180	
Total Claims Ex	tra Claims F	ee (\$) Fee	Paid (\$)	_	ultiple Depende		.,	1
54 - 54 =	x			<u>Fe</u>	ee (\$)	Fee Paid (\$	ភ	
HP = highest number of tota			Paid (\$)				_	
Indep. Claims Ex	tra Claims F	ee (\$)	, <u>, aid (v)</u>					
HP = highest number of inde	ependent claims paid	for, if greater than 3.						
3. APPLICATION SIZE	FEE		(-1. 411.		ilad saguance or	computer		
If the specification and	l drawings excee	ed 100 sheets of pape application size fee	er (excluding elec- due is \$250 (\$12)	5 for small e	entity) for each a	dditional 5	0	
sheets or fraction th	nereof. See 35 U	J.S.C. 41(a)(1)(G) at	nd 37 CFR 1.16(s).	• •			
Total Sheets	Extra Sheets	Number of each	additional 50 or f	raction there		<u>Fee</u>	Paid (\$)	
- 100 = /50 (round up to a whole number) x = Fees Paid (\$)								
4. OTHER FEE(5) N. Fundish Consideration \$120 fee (no small entity discount)								1
2251 Extension for response within first month								
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00								į
SUBMITTED BY	111	1 1						4
Signature	1/1/11/		Registration No. (Attorney/Agent)	42,709	Telephone	(202) 34		4
Name (Print/Type) Jefff	A. Kaminski				Date	February	16, 2007	J